Lateral Epicondylitis Debridement Physical Therapy Protocol

Name___________________________________________ Date_________________

Diagnosis: s/p Debridement Right/Left Lateral Epicondylitis

Date of Surgery______________________________

Frequency: _____ times/week Duration: ______ 6 Weeks

_____ Week 1:
Wear sling for comfort
Gentle hand, wrist and elbow ROM as tolerated
Active shoulder ROM
Heat before, and ice after

_____ Weeks 2-4:
Remove sling
Advance ROM passive motion as tolerated to AAROM
Gentle strengthening exercises with active motion and submaximal isometrics
Continue shoulder Strengthening and ROM

_____ Weeks 5-7:
Advance strengthening as tolerated, including weights and tubing
ROM with continued emphasis on end-range and passive overpressure
Gentle massage along and against fiber orientation
Counterforce bracing

_____ Weeks 8-12:
Continue counterforce bracing if needed
Begin task-specific functional training
Return to sport or activities

Comments:

_____ Functional Capacity Evaluation _____ Work Hardening/Work Conditioning _____ Teach HEP

Modalities
_____ Electric Stimulation _____ Ultrasound _____ Iontophoresis _____ Phonophoresis _____ TENS _____ Heat
before _____ Ice after _____ Trigger points massage _____ Therapist’s discretion

Signature_________________________ Date_________________